



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water

Origin: Raw Well

Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 03/15/2019 07:40 AM Point S-15687

Received : 03/15/2019 12:00 PM Location Well #1-1

Collected By DELTA WELL

Lab No. : 7082494001

Client Sample ID.: S-15687 0-MIN.

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 03/15/2019 3:15 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	03/16/2019 9:15 AM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	03/16/2019 9:15 AM	001 SP5T1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 03/18/2019

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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Origin: Raw Well
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Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 03/15/2019 07:41 AM Point S-15687

Received : 03/15/2019 12:00 PM Location Well #1-1

Collected By DELTA WELL

Lab No. : 7082494002

Client Sample ID.: S-15687 1-MIN.

Analytical Method: SM22 9223B Colilert					Prep Method: SM22 9223B Colilert		Prep Date: 03/15/2019 3:15 PM	
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:	
E.coli	Absent		1		Absent	03/16/2019 9:15 AM	002 SP5T1/1	
Total Coliforms	Absent		1		Absent	03/16/2019 9:15 AM	002 SP5T1/1	

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Origin: Raw Well

Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 03/15/2019 07:45 AM Point S-15687

Received : 03/15/2019 12:00 PM Location Well #1-1

Collected By DELTA WELL

Lab No. : 7082494003

Client Sample ID.: S-15687 5-MIN.

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 03/15/2019 3:15 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	03/16/2019 9:15 AM	003 SP5T1/1
Total Coliforms	Absent		1		Absent	03/16/2019 9:15 AM	003 SP5T1/1

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 03/15/2019 07:55 AM Point S-15687

Received : 03/15/2019 12:00 PM Location Well #1-1

Collected By DELTA WELL

Lab No. : 7082494004

Client Sample ID.: S-15687 15-MIN.

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 03/15/2019 3:15 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	03/16/2019 9:15 AM	004 SP5T1/1
Total Coliforms	Absent		1		Absent	03/16/2019 9:15 AM	004 SP5T1/1

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 03/15/2019 08:10 AM Point S-15687

Received : 03/15/2019 12:00 PM Location Well #1-1

Collected By DELTA WELL

Lab No. : 7082494005

Client Sample ID.: S-15687 30-MIN.

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 03/15/2019 3:15 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	03/16/2019 9:15 AM	005 SP5T1/1
Total Coliforms	Absent		1		Absent	03/16/2019 9:15 AM	005 SP5T1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

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WorkOrder :

7082494

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158
Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987

Sample Request Form PUBLIC WATER SUPPLIER

☐ WELL OFF LINE

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCI

Date:

Collected By: DEGS WELL
Accepted By: Hampton 3/15/19 12:00

Cooler Temp: 6.2 °C (B)

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
3-15-19 7:15 AM	GW	WELL 1-1 5'w	RW	-	S		Bact No. cl	001
3-15-19 7:40 AM	GW	WELL 1-1 1m.d	RW	-	S		Bact No. cl	002
3-15-19 7:41 AM	GW	WELL 1-1 5-m.d	RW	-	S		Bact No. cl	003
3-15-19 7:45 AM	GW	WELL 1-1 15m.d	RW	-	S		Bact No. cl	004
3-15-19 7:55 AM	GW	WELL 1-1 30m.d	RW	-	S		Bact No. cl	005
3-15-19 8:10 AM								

Remarks:

WO#: 7082494



7082494

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
Address: PO BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____



Sample Condition Upon Receipt

Client Name:

HBW

Project

WO#: 7082494

PM: SWM Due Date: 04/14/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091 Correction Factor: 0.0

Cooler Temperature (°C): 6.2 Cooler Temperature Corrected (°C): 6.2

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: HP 3/15/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WD OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).		
Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		
Residual chlorine strips Lot #		Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: